

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Branch for Congress

ADDRESS (number and street)

910 N. Linwod Av.e

(Check if address is changed)

Baltimore

CITY ▲

MD

STATE ▲

21205

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

talmadge@branchforcongress.com

Optional Second E-Mail Address
del.branch@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

Branch for Congress

2. DATE

MM / DD / YYYY
11 / 12 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00726851

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Harris, Donna, X, Ms.,

Signature of Treasurer Harris, Donna, X, Ms.,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 12 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Branch, Talmadge, , ,

Candidate Party Affiliation DEM Office Sought: House Senate President State MD District 07

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Branch for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Harris, Donna, X, Ms.,

Mailing Address 6317 Park Heights Ave.

Apt. 605

Baltimore MD 21215

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 443 414 9119

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Harris, Donna, X, Ms.,

Mailing Address 6317 Park Heights Ave.

Apt. 605

Baltimore MD 21215

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 443 414 9119

Full Name of Designated Agent

Harris, Barbara, C., Ms.,

Mailing Address

6317 Park Heights Ave.

Apt. 605

Baltimore

MD

21215

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

443

202

3759

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

The Harbor Bank of Maryland

Mailing Address

855 N. Wolfe Street

Baltimore

MD

21205

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE